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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                          |                        |
|--------------------------|------------------------|
| Attorney Docket Number   | GKNG 1261 PCT          |
| First Named Inventor     | ADRIAN CHLUDEK, ET AL. |
| <b>COMPLETE IF KNOWN</b> |                        |
| Application Number       | / APPLIED FOR          |
| Filing Date              | HEREWITH               |
| Group Art Unit           |                        |
| Examiner Name            |                        |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AXIAL SETTING DEVICE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country        | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed   | Certified Copy Attached?   |  |
|-------------------------------------|----------------|----------------------------------|--|--|--|
|                                     |                |                                  |  | YES  | NO   |
| PCT/EP 2004/009132<br>203 14 141.5  | EPO<br>Germany | 08/14/2004<br>09/10/2003         | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label 027256 OR  Correspondence address below

ROBERT P. RENKE  
ARTZ & ARTZ, P.C.

Name

28333 TELEGRAPH ROAD  
SUITE 250

Address

|                    |                           |                     |
|--------------------|---------------------------|---------------------|
| SOUTHFIELD<br>City | State                     | ZIP                 |
| U.S.A.<br>Country  | 248-223-9500<br>Telephone | 248-223-9522<br>Fax |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

|   |         |
|---|---------|
| Given Name<br>(first and middle [if any]) | ADRIAN  |
| Family Name<br>or Surname                 | CHLUDEK |

|                                 |                    |
|---------------------------------|--------------------|
| Inventor's<br>Signature         | Date               |
| ST. AUGUSTIN<br>Residence: City | GERMANY<br>Country |
| GERMAN<br>Citizenship           |                    |

|                 |              |       |         |
|-----------------|--------------|-------|---------|
| HOLZWEG 46E     |              |       |         |
| Mailing Address |              |       |         |
| City            | ST. AUGUSTIN | State | ZIP     |
|                 |              |       | D-53757 |
|                 |              |       | GERMANY |

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

|   |            |
|---|------------|
| Given Name<br>(first and middle [if any]) | ALEKSEJ    |
| Family Name<br>or Surname                 | KATSNELSON |

|                                 |                    |
|---------------------------------|--------------------|
| Inventor's<br>Signature         | Date               |
| ST. AUGUSTIN<br>Residence: City | GERMANY<br>Country |
| GERMANY<br>Citizenship          |                    |

|                          |              |       |         |
|--------------------------|--------------|-------|---------|
| MITTELSTRASSE 110 WE A95 |              |       |         |
| Mailing Address          |              |       |         |
| City                     | ST. AUGUSTIN | State | ZIP     |
|                          |              |       | D-53757 |
|                          |              |       | GERMANY |

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 3 of 3

|  |       |   |                        |
|--|-------|---|------------------------|
| Name of Additional Joint Inventor, if any: |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))     |       | Family Name or Surname  |                        |
| KURT                                       |       | MÜLLER  |                        |
| Inventor's Signature                       |       |   | Date                   |
| MERZENICH<br>Residence: City               | State | GERMANY<br>Country  | GERMANY<br>Citizenship |
| IN DEN WEINGÄRTEN 91                       |       |   |                        |
| Mailing Address                            |       |   |                        |
| MERZENICH<br>City                          | State | D-52399<br>Zip  | GERMANY<br>Country     |
| Name of Additional Joint Inventor, if any: |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))     |       | Family Name or Surname  |                        |
|  |       |   |                        |
| Inventor's Signature                       |       |   | Date                   |
| Residence: City                            | State | Country   | Citizenship            |
| Mailing Address                            |       |   |                        |
| City                                       | State | Zip   | Country                |
| Name of Additional Joint Inventor, if any: |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))     |       | Family Name or Surname  |                        |
|  |       |   |                        |
| Inventor's Signature                       |       |   | Date                   |
| Residence: City                            | State | Country   | Citizenship            |
| Mailing Address                            |       |   |                        |
| City                                       | State | Zip   | Country                |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                        |
|------------------------|------------------------|
| Application Number     | APPLIED FOR            |
| Filing Date            | HEREWITH               |
| First Named Inventor   | ADRIAN CHLUDEK, ET AL. |
| Title                  | AXIAL SETTING DEVICE   |
| Art Unit               |                        |
| Examiner Name          |                        |
| Attorney Docket Number | GKNG 1261 PCT          |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

027256

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

|                          |                         |     |  |
|--------------------------|-------------------------|-----|--|
| <input type="checkbox"/> | Firm or Individual Name |     |  |
| Address                  |                         |     |  |
| City                     | State                   | Zip |  |
| Country                  |                         |     |  |
| Telephone                | Fax                     |     |  |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

|                   |                |           |  |
|-------------------|----------------|-----------|--|
| Signature         | ADRIAN CHLUDEK | Date      |  |
| Name              |                | Telephone |  |
| Title and Company |                |           |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Title                  | AXIAL SETTING DEVICE   |
| Art Unit               |                        |
| Examiner Name          |                        |
| Attorney Docket Number | GKNG 1261 PCT          |

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027256

OR

 Practitioner(s) named below:

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|      |                     |
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|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

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Address

City

State

Zip

Country

Telephone

Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

|                   |                    |           |  |
|-------------------|--------------------|-----------|--|
| Signature         | ALEKSEJ KATSNELSON | Date      |  |
| Name              |                    | Telephone |  |
| Title and Company |                    |           |  |

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OR

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OR

|                          |                         |       |  |     |
|--------------------------|-------------------------|-------|--|-----|
| <input type="checkbox"/> | Firm or Individual Name |       |  |     |
| Address                  |                         |       |  |     |
| City                     |                         | State |  | Zip |
| Country                  |                         |       |  |     |
| Telephone                |                         | Fax   |  |     |

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|                   |             |           |  |
|-------------------|-------------|-----------|--|
| Signature         | KURT MÜLLER | Date      |  |
| Name              |             | Telephone |  |
| Title and Company |             |           |  |

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